

CITY OF BELMONT

APPLICATION FOR BUSINESS LICENSE



INSTRUCTIONS

1. Complete Sections I, II, and III of this form.
2. Calculate tax due and attach payment.
3. Submit application to City of Belmont.

I. GENERAL INFORMATION

Business Name: _____ **Business Start Date:** _____

Business Address: _____ **E-mail:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip Code:** _____

Resale Permit #: _____

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

If Sole Proprietorship: Social Security #s: 1) _____ 2) _____

If Partnership or Corporation: Federal Employer I.D. #: _____

List Owners, Partners, Corporate Officers: Name, Home Address and Phone Numbers:

1) _____

Name	Title	CA Drivers License #
Street Address	City	State
	Zip Code	Phone

2) _____

Name	Title	CA Drivers License #
Street Address	City	State
	Zip Code	Phone

List Number of Employees: Full Time _____ Part Time _____

II. NATURE OF BUSINESS

Describe the type of business: _____

Is your business: ☐ **Commercial** (Complete Section A and B) or ☐ **Home-based** (Complete Section B)

SECTION A – COMMERCIAL PROPERTY INFORMATION (If Commercial, complete the following):

Are you renting this business property: ☐ Yes ☐ No

If rented, name of property owner or Management Company: _____

Address: _____ Phone No.: _____

How much space will _____ Total number of _____ Number of spaces

Your business occupy: _____ on-site spaces: _____ reserved for your use: _____

List the other businesses located on this property: _____

Are the premises vacant? ☐ Yes ☐ No If vacant, for how long: _____

What business previously occupied this space?: Name: _____ Type of business: _____

Do you have an alarm system?: ☐ Yes ☐ No If yes, is it: ☐ Audible ☐ Silent

Alarm Company's Name: _____ Phone #: _____

Alarm Company's Address: _____

Please list those persons authorized to be contacted in the event of an emergency:

1) _____

Name	Title	
Home Address	Phone	

2) _____

Name	Title	
Home Address	Phone	

(This information is confidential and will be used only in the event the Belmont Police Department requires emergency contact. If any of this information should change, we would appreciate your contacting the Police Department immediately.)

Describe any painting, remodeling, carpentry, plumbing, electrical, or mechanical work to be performed or signs you plan to install: _____

Are you purchasing the building?: ☐ Yes ☐ No

Do you plan to:		Weld <input type="checkbox"/> Yes <input type="checkbox"/> No	
Store or use chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No		Woodwork <input type="checkbox"/> Yes <input type="checkbox"/> No	
Store or use flammable or combustible liquids <input type="checkbox"/> Yes <input type="checkbox"/> No		Spray Paint <input type="checkbox"/> Yes <input type="checkbox"/> No	Store in high piles <input type="checkbox"/> Yes <input type="checkbox"/> No
		Cook <input type="checkbox"/> Yes <input type="checkbox"/> No	Fabricate semiconductors <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – SPECIALIZED BUSINESSES (for BOTH Commercial AND Home-based):

If NONE of the below business classifications applies, go to Section III – Approvals.

☐ Solicitor ☐ Massage Establishment/Technician
Complete Section III-Approvals
and contact Police Department at (650) 595-7400

☐ Real Estate Agent/Broker No. of agents/brokers____
☐ Coin-operated machines No. of machines____
☐ Gas Station No. of pumps____
☐ Taxicab No. of cabs____
☐ Delivery truck No. of trucks____

☐ Contractor/Subcontractor (complete Section D)☐ Rental of residential or commercial property (complete Section C)**SECTION C – RENTAL OF RESIDENTIAL OR COMMERCIAL PROPERTY**

Addresses of Belmont Apartments Owned:

1) _____ No. of Units _____ Parcel No. _____
 2) _____ No. of Units _____ Parcel No. _____
 3) _____ No. of Units _____ Parcel No. _____

Is property managed by someone other than owner(s)?: ☐ Yes ☐ No **If yes**, please provide the following information:
 Mgmt. Co. Name _____ Principal Contact _____

SECTION D – CONTRACTOR/SUBCONTRACTOR

CA Contractor's State License No: _____ Class: _____

CALIFORNIA BUSINESS & PROFESSIONS CODE Division 3, CHAPTER 9 (CONTRACTORS LICENSE LAW)

Section 7031.5. Each...City which requires the issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition or repair of any building or structure shall also require that each applicant for such a permit file as a condition precedent to the issuance of a permit statement which he has prepared and signed stating that the applicant is licensed under the provisions of this Chapter (Contractors License Law), giving the number of the license and stating that it is in full force and effect, or, if the applicant is exempt from the provisions of this Chapter, the basis of the alleged exemption.

Section 7033. Every city...which requires the issuance of a business license as a condition precedent to engaging, within this Chapter (Contractors License Law), shall require that each licensee and each applicant for issuance or renewal of such license shall file, or have on file, with such city..., a signed statement that such licensee or applicant is licensed under the provisions of this Chapter and stating that the license is in full force and effect, or, if such licensee or applicant is exempt from the provision of this Chapter, he shall furnish proof of the facts which entitle him to such exemption.

CONTRACTOR'S STATEMENT THAT HE IS LICENSED
UNDER PROVISIONS OF CONTRACTORS LICENSE LAW OF THE STATE OF CALIFORNIA

Pursuant to the provisions of Section 7031-5 and 7033 of the Business and Professions Code of the State of California,

 Name of Company

 Address of Company

 City, State and Zip Code

 Telephone _____ Corp.,LLC.,Partnership, LLP., Sole Prop.

does hereby state that he (they) is (are) licensed under the provisions of the Contractors License Law* (Chapter 9 of the Division 3 of the Business and Professions Code of the State of California) to engage in the following business:

And that the number of said State License is _____ and that said license is in full force and effect. The foregoing statements are declared to be true under penalty of perjury.

Dated this _____ Day of _____, 20____

 Signature _____ Title _____

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.asp. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov.

III. APPROVALS

The issuance of a business license does not exempt you from any of the fire department, police, and city building, or zoning requirements. I, the undersigned, hereby agree to meet the requirements of the Belmont Fire Department and the City of Belmont or I will forfeit my business license upon request from the Finance Department.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND COMPLETE STATEMENT.

 Applicant's Signature _____ Date _____

For Official Use Only

Belmont Fire Department Approval _____ Date _____

Community Development Department Approval _____ Zoning _____ Date _____

CITY OF BELMONT CALCULATION OF TAX DUE

**INSTRUCTIONS**

1. Complete Application for Business License.
2. Calculate taxes due and submit payment.

I. GENERAL INFORMATION

BUSINESS NAME: _____

II. CALCULATION OF TAXES DUE

REFER TO PAGE 4 FOR TAX SCHEDULE

TAX YEAR	BASE TAX (A)	CALCULATION OF VARIABLE TAXES ⁽¹⁾		TOTAL (D = A + C)
		QUANTITY (B)	VARIABLE TAX (C) = B x Tax Rate	
July 1, 2014 – June 30, 2015				
PENALTIES (D x 25%) ⁽²⁾				
PAY THIS AMOUNT ➡				

- (1) VARIABLE TAXES ARE BASED ON QUANTITY AND INCLUDE EMPLOYEES, PARKING SPACES, AGENTS/BROKERS, GAS PUMPS, COIN-OPERATED MACHINES, TRUCKS, AND TAXICABS.
- (2) PAST DUE AMOUNTS BEAR PENALTIES OF 25%. FAILURE TO OBTAIN LICENSE AND PAY TAX MAY RESULT IN PENALTIES.

III. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND COMPLETE STATEMENT.

SIGN HERE:

 Signature of Owner or Authorized Representative

 Date

IV. PAYMENT

CASH, CREDIT CARDS, AND CHECKS ACCEPTED

<p><u>Make Checks Payable to:</u> <u>City of Belmont</u></p> <p>Finance Dept/Business License Division One Twin Pines Lane, Suite 100 Belmont, CA 94002 (650) 595-7436</p>	<div style="display: flex; align-items: center;"> <div style="margin-left: 10px;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </div> </div> <p>Card Number _____</p> <p>Exp. Date _____ Security Code (3 digit) _____</p> <p>Signature _____</p> <p>Cardholders Name (print) _____</p> <p>Amount Paid _____</p>
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V. TAX SCHEDULE

Effective July 1, 2014

CATEGORY	FY 2014-2015
General Tax	\$290.00
SB 1186 (required for all businesses)	\$1.00
Employee Schedule – FT	\$30.00 (per each FT employee)
Employee Schedule – PT	\$11.00 (per each PT employee)
Artists - Working Space Only	\$100.00
Storage - Parking Space	\$290.00 plus \$1.86 per parking space
Billiard Parlor	\$962.00
Bowling Alley	\$962.00
Real Estate Broker	\$290.00 plus \$95.00 for each agent
Taxi Cab Company	\$290.00 plus \$62.00 for each cab
Gas Station	\$145.00 per pump plus employee schedule
Christmas Tree/Pumpkin Lots	\$146.00
Massage Parlors	\$3,845.00
Escort Services	\$3,845.00
Rental of Commercial Property *	\$100.00 per bldg. plus .50 per 100 sq ft.
Auctioneer	\$290.00
Rental of Residential Property Four (4) or More Dwelling Units *	\$32.00 per dwelling unit
Laundry Equipment and/or	1.5 percent of the 1st \$19,274 of gross receipts
Coin-Op Machines *	.75 percent of gross receipts in excess of \$19,274
Coin Machines/Video/Vending	15 percent of the 1st \$1,928 of gross receipts and
Amusement *	5 percent of all gross receipts in excess of \$1,928
Advertising-Billboards *	\$0.95 per sq.ft. per sign and \$0.73 per sq.ft. for illuminated signs
Contractors/Sub-Contractors	\$290.00
Solicitors	\$290.00
Hotels/Motels	\$290.00
Business License Valuation Tax	Valuation under \$50,000 = \$58.00 Over \$50,000 = \$1.95 per \$1,000.00
* BUT NOT LESS THAN GENERAL TAX Increase based on December CPI Rate of 2.6%	